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## Introduction: South Asian tissue economies

Jacob Copeman, Social Anthropology, School of Social and Political Studies,  
University of Edinburgh, EH8 9LD.

*Bio:* Jacob Copeman is a lecturer in social anthropology at the University of Edinburgh. He is the author of *Veins of Devotion: Blood Donation and Religious Experience in North India* (2009), editor of *Blood Donation, Bioeconomy, Culture* (2009), and co-editor of *The Guru in South Asia: New Interdisciplinary Perspectives* (2012).

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This special issue of *Contemporary South Asia* explores questions generated by the extraction, circulation, valuation, and technical manipulation of biological substances in a broad sense—what Waldby and Mitchell (2006) have termed ‘tissue economies’—in order to gain new insights into the meanings of humanness, life, value, and relationality in South Asia. These questions have been spurred by new technologies that (promise to) dramatically increase the ‘bioavailability’ (Cohen 2004) of human tissues and populations while also producing complex and sometimes ethically troubling interactions of commerce, biomedicine, religio-cultural beliefs and moralities, and legality.

Taking our cue from recent studies that have brought questions of the social implications of biotechnology strongly to the analytical fore and drawn attention to the variegated biopolitical milieus of South Asian tissue economies (Cohen 1999, 2001, 2004, 2010, 2011a, 2011b; Bharadwaj 2000, 2003; Glasner 2009; Bharadwaj & Glasner 2009; Simpson 2004a, 2004b, 2009a, 2009b, 2011; Sunder Rajan 2006; Reddy 2007; Egorova 2010, Mumtaz et al 2012), this special issue ranges widely - theoretically, thematically and regionally - in examining South Asian variants of and engagements with diverse modes of biological exchange: caste, gender and blood donation in Pakistan (Mumtaz & Levay), DNA testing amongst a former Untouchable community in south India (Egorova) and amongst diasporic Indians in Houston, Texas (Reddy), body (cadaveric) donation in India (De Looze), the use of fake blood in Bangladeshi cinema (Hoek), the mobilisation of blood, hearts and ketones to protest the Indian government’s failure to provide redress or care to victims of the 1984 Bhopal industrial disaster (Banerjee), and blood-based political portraits and petitions in south India (Copeman). In considering this complex of issues we seek to extend the parameters of classic accounts of the role of substance transactions in the production of South Asian personhood into investigations of the biopolitics and economies of substance that shape people and communities in diverse parts of the subcontinent.

This special issue describes findings that illuminate how local responses to the implementation of various kinds of tissue economy both reflect and also

transform sociocultural values in South Asia.<sup>1</sup> Banerjee (2011, 488) positions social change at the centre of his insightful account of the analytical setting in which the papers in this special issue are situated. Noting that 'Through the 1980s and 1990s, an influential group of Indian writers presented the region as a site of radical difference, where local epistemologies were in danger of being overrun by forms of violence embedded within Euro-American medical and scientific practice', Banerjee explains that 'In the more recent context of the last two decades of neo-liberal transformations in India, social science work has argued that India's entry into a global biotech marketplace requires new forms of relational inquiry'.

The essays presented here exemplify such a characterization. Eschewing simplistic binary classifications between Euro-American medical and scientific practice and local epistemologies, the essays draw attention to the complex articulation of practices, akin to what Sahlins called 'the structure of the conjuncture' (1981, 35), 'wherein actors strive to bring conventional understandings to bear on new situations and, in the process, produce unintended consequences' (Dwyer & Minnegal 2010, 636). In her paper, for instance, Egorova describes how the leaders of a Dalit community in Andhra Pradesh actively seek out DNA tests in order to 'prove' their Jewish origins, while Reddy, in her paper, shows how the Indian diasporic community in Houston, Texas is largely persuaded of the need to provide blood samples for a large-scale genetic mapping exercise in order to contribute to the 'public good'. There are certainly resistances to various biomedical procedures of extraction and reincorporation of substance (see the essays here by Mumtaz & Levay and De Looze on reluctance to donate blood in Pakistan and dead bodies in India respectively) but even here taking 'resistance' as an investigative endpoint would have proven to be analytically unproductive since cultural reluctance forces new and critically significant rhetorics of solicitation on the part of tissue recruiters (De Looze), produces fresh insights on gender, caste and class (Mumtaz & Levay) and more generally demonstrates ways in which tissue economies come to constitute revealing public zones of cultural debate and argument (Appadurai & Breckenridge 1988, 6). Indeed, as Copeman argues in his essay, usages of blood as a means of political communication in mass Indian political contexts (for instance, petitions and portraits in blood and blood donation drives in the media spotlight) gain their enunciative power precisely from the fact that South Asian people are in general not at all keen on (are resistant to) having their blood taken from them. In consequence, dramatically visible instances of the same can come to form powerful political statements.

Nevertheless denunciation forms a key component of the analytical story of tissue economies, in South Asia as elsewhere, both in terms of the cultural incongruity, and therefore resistance, that may attend them (e.g. Lock 2002) and the exploitation of economically and socially vulnerable populations on which they frequently depend (e.g. Scheper-Hughes 2004). A famous example of the latter, in the media and the academy both, has been that of India's 'kidney bazaar', frequently pointed to as the paradigmatic instance in which organs

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<sup>1</sup> A turn of phrase after van Hollen (2011, 499).

were/are taken from the poor in large numbers in order to fuel an insatiable and 'neo-cannibalistic' domestic and international market. Medical anthropologist Lawrence Cohen's work has been of pivotal importance here in both telling and nuancing the story. In a number of highly influential essays that emerged from the ethnographic context of a Chennai slum notorious for its high number of (female) kidney vendors (1999) but which went on to encompass representations of kidney transplantation and blood transfusion in Hindi film (2001; see also Hoek, this issue), family planning operations (both during India's Emergency and in the present) (2004), surgery's place in India's political and kinship imaginaries (2001, 2004, 2011b), the very *form of the operation* itself, and, most recently, diasporic (and racialized) networks of organ procurement ('transplant tourism') that involve Non-Resident Indians travelling to India for purchase and incorporation of organs (2011a), Cohen has developed an exceptionally rich and penetrating conceptual vocabulary that has proven to possess great purchase within but also well beyond the South Asian contexts in which it originated. These works in many ways set the terms of debate for the present special issue which offers contributions to (and hopefully some diversifications of) a conversation he initiated more than a decade ago.

One of Cohen's key terms is *ethical publicity*, which in most general terms refers to 'coming to know one's habitation of a local moral world through the mass mediated experience of participating in and as a wounded public' (Cohen 2012, 106) but which arose initially from a situation in which Cohen encountered, at nearly every step, attempts to rationalize acts of kidney selling by India's poor as connotative of an 'emergent biosociality' characterized by 'flexible logics of win-win, logics that posit an identity ("life for life") between the life of the comparatively wealthy person in organ failure and that of the debtor pressed to sell one of her organs' (1999 [2003], 672). Cohen's early work on tissue economies marshaled ethnographic data from Chennai in order to comprehensively rebut this argument (far from being 'win-win', the logic simply entrenches the indebtedness that its advocates declare it to relieve; see also Moazam et. al.'s [2009] not dissimilar findings in respect of the kidney trade in Pakistan), while the concept of ethical publicity has been taken up in a number of studies, perhaps most notably by Simpson (2011) in respect of strategies to solicit blood donation in Sri Lanka. Resituating the concept into a context of fostering voluntarism, Simpson (ibid., 255) notes that it captures something of a situation in which, 'On the one hand, ethical action is not usually thought of as being stimulated by something as base and instrumental as "publicity." Yet, on the other, it is clear that in many countries a considerable amount of energy goes into creating rhetorics of voluntarism and corporeal magnanimity aimed at persuading people to imagine lives that might be lost, suffering that might be reduced and grief that might be avoided through their acts of pre-mortem and, sometimes, post-mortem donation'. De Looze, in her contribution to this special issue, employs the notion of ethical publicity in order to give a sense of the effort presently being expended in creating rhetorics of voluntarism in respect of cadaveric donation in India. As she puts it, her essay 'model[s] a conversation' between the 'ethical publicity' that solicits cadaveric donations via stripped-down deployments of 'culture' and the 'ethical resistance' that all too easily sees through the instrumentalism of the former. With great subtlety, De Looze shows

how this kind of ethical publicity “browses” resources to find support for organ donation, rather than starting from the concerns of people as voiced in ethical resistance’. The problem here will be recognizable to anthropologists who have recently begun to conceive of how they had been hamstrung in their own religious analyses – rather like the donor recruitment specialists in De Looze’s essay - by a propositional model of religion and/or culture that reduces it to a ‘body of assertions demanding assent’ (Morgan 2009, 2); which is to say that, given the action-oriented nature of so much of that which is today glossed as ‘Hinduism’, an approach that characterizes it only as a set of beliefs qua prescriptions (*You are an imperishable soul living in a perishable body, therefore cadaveric donation is OK!*), and internally conflict-free, was hardly likely to be successful.

Of equal if not more importance among Cohen’s conceptual innovations has been his notion of ‘bioavailability’ (2004, 2005). Again, its influence has hardly been restricted to works whose focus is South Asia, though it is its usages in that region that particularly concern us here. Cohen’s purpose in developing a concept of bioavailability was to suggest that with increasingly sophisticated and effective means of immunosuppression there can be a ‘flexible’ proliferation of practices, ethics, and techniques of tissue recruitment, to wit, folks loving enough, marginal enough, Christian enough, desperate enough, and so on, such that new populations come to appear as available for purposes of extraction; i.e. with minimization of tissue rejection compatibility criteria are radically relaxed, hence, ‘as far more persons could serve as donors, bioavailability was no longer determined solely by consanguinity or brain death but additionally by economic need, political vulnerability, and frequently gendered moral demands of prestation’ (2004, 169). If at first glance the concept appears particularly apt in respect of populations rendered bioavailable by virtue of their socioeconomic status, this I would suggest is merely a function of the site of Cohen’s fieldwork being in a South Indian kidney slum where intensified operations of recruitment abided. The concept is also perfectly applicable to other less marginal sites of bioavailability.

The concept is central to Banerjee’s (2011) intriguing claim, based upon a discussion of works by Bharadwaj & Glasner (2009) and Copeman (2009), that there is ‘no biosociality in India’.<sup>2</sup> What is he getting at here? For Rabinow, the term ‘biosocial’ arose from a study of French patient activism (1992). Its subsequent usage has tended to be in respect of ‘societies formed around a biological condition’ (Hacking 2007, 91), with communities or publics centring on forms of tissue economy being a typical example (e.g. Sharp 2006). However, along with other genetically related Foucauldian concepts, there has been some recent questioning of the extent to which it may prove analytically helpful in non-western contexts. As Langlitz (2011, 487) notes, ‘concepts such as biopower, biopolitics, or biosociality do not form a theory applicable to any desired case study, but need to be reworked and, if necessary, replaced in response to different fields of research’. A similar point is made by Marsland and Prince (2012, 456): ‘The realm of biomedicine’ analyzed by scholars such as Rabinow

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<sup>2</sup> More a provocation based upon lines of flight from the reviewed texts than a ‘position’.

and Rose, who has contributed the related term 'biological citizenship' (among others), 'is limited to the frontiers of biomedical technology and innovation. Such forms of intervention are expensive, and are available to only a small proportion of the world's population. Although the argument that these innovations are "transforming human capabilities" is well taken, it does beg the question of whose capabilities in particular: Who does this technology reach?'

Such questions are addressed by Bharadwaj & Glasner (2009) in their study of stem cell research in north India. Their argument is that biosociality is analytically unsuited to describing the social relations that appear in Indian stem cell clinics if (as they suggest it generally is) it is understood to indicate 'the informed, consenting and willed formation of biologically driven identities' (Banerjee 2011, 489). For instance, in the New Delhi clinical sites of which Bharadwaj & Glasner write, it is frequently economically disadvantaged infertile couples who act as stem cell donors in return for gratis future IVF cycles (i.e. this is a deal-like arrangement that does not quite accord with conventional informed consent or global protocols of voluntarism), while a small, controversial clinic that has pioneered innovative stem cell therapeutic techniques with some degree of success is 'threatened with closure due to the Indian government's desire to become a viable player in a global market. Unable to make the financial investments required by high-cost global standards of practice, small centres of innovation such as these get devalued as forms of "maverick" science' (ibid.). It is thus possible to understand why the authors prefer terms such as 'availability' and 'ascription' since they seem better able than biosociality, at least in the contexts they describe, to 'call attention to how socio-medical identities are pejoratively ascribed rather than achieved...occur under conditions of duress, and are produced through subjects unable to consent and make informed choices in ways that the idea of "biosociality" assumes possible' (ibid., Bharadwaj & Glasner 2009: 17, chapter 3).

It would appear that the seemingly inevitable interweaving in South Asia of pre-existent abiding hierarchical relations with the demands and opportunities of new biomedical technologies lends credence to the claim that there is 'No biosociality [only bioavailability] in India', that Bharadwaj & Glasner's argument is to some degree generalisable. Consider, for instance, Copeman's (2009, 2012) accounts of blood donation activities in north India: In seeking gurus' support for the project of fostering a fully non-remunerated voluntary blood donation system, blood bank medics astutely harness the power of the relationship that exists between gurus and their devotees for their own collection ends, with devotees now forming an indispensable supplier of blood in the north of the country. Voluntarism is never an unproblematically definable concept, but given the sway of the guru who asks his followers to donate their blood, rendering their vitality *de facto* bioavailable, it seems here, as in the cases described by Bharadwaj & Glasner, particularly compromised by virtue of the relations of radical asymmetry that produce it.

Yet, though hardly 'willed' or 'informed' in the manner imagined and prescribed by international health policy protocols, this is only to the extent that devotion to a guru is *also* something that is neither simplistically 'informed' nor willed but

something else (something that is reducible to neither ascription nor self-will). We thus begin to encounter the sheer diversity of modes of bioavailability in the subcontinent, a diversity that cautions us to enact the same exacting care with that term as with biosociality, in spite of (because of) its potentially greater heuristic and conceptual value for the region. If studies after Cohen<sup>3</sup> have, to a degree, pitted biosociality and bioavailability against one another, or suggested that one or the other is a better 'fit' for a particular locale, one also needs to be careful not to assume that consent and choice are always available in Euro-America and unavailable elsewhere. It seems perfectly possible to agree that 'western' theoretical conceptualisation of contemporary medical situations may fall short in non-western contexts while also insisting that the implied antonym the critique rests upon itself requires scrutiny; that 'partial connections' (De Looze this issue) are always likely to reside between geographically dispersed biomedical predicaments.

Following from this, each of the articles in this special issue demonstrate complex co-productions of the ascribed and the willed a propos the availability of biological substances. For while bioavailability may be actively sought as an indicator and instantiation of a new civic sense (e.g. among the Houston Indians discussed by Reddy), even considered a means of community empowerment (e.g. among the Bene Ephraim Dalits discussed by Egorova), are such cases simply where ascription is at its most canny? That would certainly seem to be the case in considering the second of Egorova's two case studies on a DNA research programme undertaken by Indian authorities. Its first order justification is similarly one of empowerment – the project, its consortium leaders claim, will ultimately improve the medical care available to Indians. But as Egorova also notes, a further key driver behind the initiative is the creation of a large-scale population genetic database that would enable India to become a more attractive locale for international clinical trials. All of this rests, of course, on a not dissimilar assumption to that of the guru who blithely assigns the devotees ('human capital') he has at his disposal to furnish the blood bank. In each case the assumption of compliance is also an assumption of bioavailability; overpopulation as 'hindrance to development' is resignified as human capital – a valuable developmental asset (Prasad 2009). Of course, any project can and will have several aims, and 'empowering' advances in treatment capabilities and the deployment of the mass Indian body in clinical trials may well go together; but one also gains further sense, here, of the cunning of bioavailability.

## **The promise of substance**

In his commentary, referred to above, Banerjee (2011, 488) notes that 'there is a long history of anthropological work in the region that has focused on the religious morality of biological substance and its exchange and organization as a form of therapeutics and self-fashioning. The depth of this regionally focused

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<sup>3</sup> For, to be clear, these are not oppositions posited by Cohen himself.

tradition inflects the newer scholarship in exciting and unique ways'. The first part of the statement is surely correct, the second I would prefer to treat more as a challenge to contemporary scholars working on these issues. To be sure, there are some excellent studies that have sought to engage insights from the tradition Banerjee refers to (for instance, Bharadwaj's [2003] study of secrecy and donor insemination in India which draws on Indological literature on the 'immutable triad' of womb, semen and foetus, Simpson's [2009a] account of ways in which donated blood in Sri Lanka, framed by medics as a decultured biomedical substance devoid of social markers, continually returns to the purview of local understandings, and Hodges [forthcoming] on fears concerning the depositing of umbilical cord blood in Chennai hospitals in respect of the black magic/volt sorcery to which this might leave the child vulnerable), but a sustained working through of the implications of this pre-existing work has not been realised. To complete such a task in the space of this introduction would be impossible, but a few pointers may be developed. It might then also be possible to engage with another of Cohen's key insights concerning ways in which tissue economies can come to form novel 'relations to the future'. To do so we need to develop an analytics of the promise of substance.

Marriott (1976, 1990) famously posited a 'dividual', monistic (non-dualist) nature of personhood in the region – whereby people are capable of both giving out and absorbing coded material substances (i.e. substances imbued with personal character traits or particular moral qualities) – that results in a general emphasis on restricting certain modes of contagious social contact. For instance, it is well known that in many Hindu villages throughout India, caste boundaries continue to be maintained in part through restrictions on who eats and drinks with whom (Lambert 2000).

But a confusing definitional tangle has bedevilled use of the term 'substance' in the anthropology of South Asia (Carsten 2004). In Schneider's (1968) study, later drawn upon and modified by Marriott and others in the Indian context, American kinship is portrayed as 'a symbolic system resting on the two contrasting but mutually dependent elements of blood (shared biogenetic substance) and love (a code for conduct both legitimating the creation of blood ties and governing the behaviour of those who are related by blood)' (Hayden 1995, 43). Here South Asianist ethnosociologists found a device through which they could distinguish 'western' personhood from what they took to be a quite distinctive South Asian variety. For instance, scholars such as Inden and Nicholas (1977, xiv) declared code and substance to be 'inseparable' in Bengali culture – e.g., adoption, a so-called 'social' or 'fictive' form of kinship, may take place only within and not between castes – and Marriott took to underscoring this inseparability through use of the term 'substance-code'. Yet other scholars continued to use 'substance' when meaning 'substance-code' (Carsten 2004, 126), and in any case there are ample 'circumstances under which [Hindus] are able and willing to treat substance and code as different' (Beteille 1991, 28). I find helpful the careful qualifications voiced by Beteille and Parry in this respect – there are indeed tendencies toward both monist *and* dualist thinking in the Indian subcontinent, just as, despite so many characterisations to the contrary, there are pronounced tendencies toward both dualist and monist thinking in the 'west' (Parry 1994;



Carsten 2004). Indeed, it is worth emphasising that the conception that substance carries personhood is far from absent in western settings even if the complexities of caste cause it to raise a particular set of questions in South Asia.

So how do such understandings translate into contemporary medical contexts that feature transfers of substance? Stevenson (1954, 45-65) distinguished between external pollution that is reparable through cleaning with water, and internal pollution resulting from either inappropriate sexual relations or absorption of foodstuffs, for which 'remedies cannot be applied'. Internal pollution, then, is irreversible. While one cannot assume that the transplantation of an organ or a blood transfusion would map straightforwardly onto such a model of internal pollution, much evidence has been presented of medical variants of defilement consequent on 'substances out of place' – historically and more recently as well.<sup>4</sup> As Arnold (1993) has shown, various aspects of western medicine introduced to India by the British colonial regime were considered defiling and fit only for the lowest castes. More recently Mumtaz et. al. (2012) have underscored the significance of caste-based purity of blood in the perpetuation of a kin-based system of blood procurement in Pakistan, Bharadwaj (2003) has shown the continuing significance of caste in contexts of donor insemination and adoption in metropolitan India, while strategies that attempt to forestall the occurrence of mixing in transfusion point towards the persistence of perceptions pertaining to the dangers that mixing connotes. Heuze (1992, 2261), for instance, notes that members of Hindu right-wing groups in Mumbai avoid the dangers of intermixture that the possible future need for a transfusion would necessitate by stocking their own blood for their own future use.

Mumtaz and Levay, in their essay in this special issue - written from a disciplinary background of medical sociology that foregrounds policy implications - offer a further vivid example. The piece reveals the acutely gendered familial dynamics of procuring blood in a 'family replacement' system in Punjab, Pakistan. In systems of replacement donation, family members donate to replace the blood used for their sick relative – the donation replaces but does not make up the substance that is used for the relative's transfusion. In the cases described by Mumtaz & Levay, however, the (mis)understanding that a husband's donated blood will be transfused into his wife (and not just replace that which she requires) generates a fear of inappropriate mixing that would transform an affinal relationship into one of siblingship (or even a parent-child relationship) – future sexual intercourse would amount to incest. Hence, in a situation where female mortality as a result of blood loss during childbirth is extremely high, husbands very rarely donate blood for their wives but rather expect the women's brothers to assume the task.

'Substance', in the examples just given, shines an unforgiving light on stark gender inequalities and deficiencies in female reproductive health, procedural ignorance, persistence of exclusionary purity concerns, and what anti-superstition activists would term the persistence of 'superstitions, taboos,

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<sup>4</sup> After Douglas' famous definition of dirt as 'matter out of place' (1966).

obscure ideas of bygone centuries [that] stand in the way of progress'.<sup>5</sup> Certainly, there does not seem to be much *promise* on offer here. Yet evidence of persistence of concerns about substances out of place – compelling as it is – is only one side of the coin, for subversions and reformulations of these concerns have come to form a locus of political promise: their subtle deployment, according to this line of thinking, might help 'break the solidity of oppositional identities... [and] bring a possibility of newness into being' (Das 2010, 397). South Asian substance may thus be equated with the *pharmakon* as both poison and cure for society's ills. Fascinated by Plato's use of the term *pharmakon* in the *Phaedrus*, Derrida (1981, 71) drew attention to 'the regular, ordered polysemy that has, through skewing, indetermination, or overdetermination, but without mistranslation, permitted the rendering of the same word by "remedy", "recipe", "poison", "drug", "philtre", etc'. Substances that inhere in South Asian tissue economies embody just such a 'double-ness' (Pinney 2008, 47); they might, similar to Plato's *pharmakon*, be considered a *remedy-poison* (Williams 1993), as much locus of promise as sign and entrencher of the abject, each polarity existing because of, not in spite, of the other.

On the face of it, the point is banal;<sup>6</sup> after all, South Asia is far from being the only region in which substance transfers across divides, intermarriages and harmonious ethnic relations can be made to form 'a logically implied sequence that is also a highly charged moral [and promissory] discourse' (Carsten 2007). But the particular qualities of substance in South Asia do contribute something additionally compelling to the power of mixture, both as image and ontological reality. It is precisely because of the prior logics of separation and separability that contraventions – visible overcomings – of these things can generate power, or the possibility of newness as Das (2010) puts it. The Banaras wrestlers discussed by Alter (1992) value the mingling of sweat and even view this as a facet of a new 'utopian somatics' in part because they are usually so fastidious in observing laws of purity and separation, while the Nehruvian integrative nationalist can gain great satisfaction from transgressing restrictions in flows of substance (the conspicuous interdining and beef consumption of the Brahmin atheist academic, for instance). Moreover, the Aghor ascetics of Banaras enact the antinomian embrace of polluted substances (and people) and thereby generate spiritual prowess (Barrett 2008). Indeed, White (2003: 235) notes in respect of antinomian tantric practices 'the transformative psychological effect of overcoming conventional notions of propriety through the consumption of polluting substances'. Tantric engagements with bodily fluids thus rely on a similar conceptualisation of them as a *remedy-poison*, the desired effect (psychological transformation) absolutely dependent on the states of mind (purity/pollution protocols) they seek to overcome. All this is to say that in 'progressively' inverting the typical pattern of restrictions part of its logic may be reproduced – it is simply the valuation of the transgression that is altered. Indeed, Barrett's aforementioned (2008) fascinating work on the societally remedial antinomianism of contemporary Aghoris in Banaras, who provide care and treatment for otherwise shunned leprosy patients, encourages us to

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<sup>5</sup> *The Hindu* (Chennai), 25 Sept. 2000.

<sup>6</sup> Indeed, it has long been known that bodily secretions in the subcontinent are frequently 'charged with power that can be both menacing *and protective*' (Bayly 1989: 127, my emphasis).

consider the structured transgressions of the forms of biological exchange considered in this special issue as nothing other than the tantra of South Asian tissue economies.

Consider the case of artist and provocateur Shihan Hussaini. Copeman's paper in this issue describes how Hussaini uses his blood to depict political figures as a tool to persuade them to do his bidding. If such portraiture is employed by Hussaini for personal instrumental purposes, there is another side to his portraiture, which underscores the performative significance of mixing to the South Asian promise of substance. Such mixing is achieved in the space of the portrait itself. Planned, enacted and then subject to commentary, this is elaborated, reflexive mixture. Indeed, Hussaini was keen to explain uses of his portraiture that go beyond the 'profane' side of politics of personal gain, and which instead touch upon the politically 'sublime' or utopian (Hansen 2001). Most richly symbolic here was his use of blood portraiture in 1994 during Chennai's Ganesh Chaturthi festival. The festival features an array of *pandals* and the construction of large statues of Ganesh, which are taken in procession and placed in the sea. The festival's history of stoking communal tension is well known (Kaur 2001). According to Hussaini these tensions became particularly acute during the early 1990s due to a dispute centring on the route of the procession through a 'Muslim street' in the Chennai neighbourhood of Triplicane. Every time it ventured through the area, stated Hussaini

Muslims prayed in silence. There were meant to be no drums, but the festivities [nevertheless] became very loud, and miscreants would throw firecrackers, and the Muslims [would] throw stones. Every year there was bloodshed and I said in 1994 I'd do something to influence all Hindus and Muslims and in a huge hall I brought Muslim and Hindu students and mixed their blood and drew a huge portrait of Ganesha, and I drew Muslims and Hindus stamping on weapons... After 1994 the rioting stopped and now there is peace.

Whether or not his portrait of Ganesh had the profound effects he implies, the episode – enacted no doubt in the presence of the local media - is an interesting example of performative mixing in order to effect a (politically sublime) outcome. It is, of course, a highly moral image, the commingling of bloods forming a depiction of the possibility of an undivided community in liquid form. Hussaini himself married a Hindu (i.e. had a 'mixed marriage'), which brings us back to Carsten's point (2007) about the oft-positing logically implied sequence between intermarriages, substance transfers and communal harmony. Drawing on her Delhi ethnography, Das (2010, 397) has noted that through the everyday practices and experiences of mixed marriage life 'a small community of love may come about' with the capacity to challenge the solidity of oppositional identities. Unlike the mixing described by Das, which engages the life of the other on the level of the everyday as an act of labour (ibid.), Hussaini's dramatic image of commingling connotes the unrepeatable and the spectacular. If Das's case takes place in 'real time' as the everyday enactment of 'nextness' (ibid., 377), Hussaini presents a promissory 'staging' of such a state; an imaging and enframement of nextness. Yet the relation of nextness depicted in the portrait is nevertheless a

political act of hope for a non-oppositional future. Would the image as ‘remedy’ be so powerful if it were not for the ‘poison’ of continued strict protocols of unmixing? Moreover, might Hussani’s depiction of Ganesh be an image of a future community that it might also help to achieve? How should we seek to understand such elaborately staged mixing of substance? It might be understood, I suggest, as a performative political relation (between the elements mixed together). Painstakingly choreographed, it becomes the subject of reflection and commentary. Imaged mixing in this sense enacts what, to build on Graeber’s (2002: 72) formulation, might be termed a prefigurative politics of substance (see also Reddy, this issue). As Graeber puts it (ibid), ‘It’s one thing to say, “Another world is possible.” It’s another to experience [or materially encounter] it, however momentarily’. There is a link, he insists, between envisioning or imagining something and then bringing it into being. Insofar as mixing visualises a communally non-oppositional future it constitutes South Asia’s politics of substance in its most utopian promissory form, though it should be added that futures previewed via mixed substance as a performative political relation need not be *only* utopian.<sup>7</sup>

Implicit in the above example is the ability of substance to form the basis of critique of the socio-political status quo. Indeed, this is part of the promise of substance, as is also shown in Hoek’s article in this special issue on the spillage of blood in Bangladeshi action cinema. What we learn in Hoek’s essay, central to which is the visceral materiality of blood (the shock of its bright red presence, its propensity to stain, fade, and erupt), is that different modes of spillage and/or extraction may be made to comment on one another analogically, thereby forming meaningful political commentaries. Specifically, the dystopian ‘blood-splattered tales of urban living and political disenchantment [that tell] the stories of corrupt politicians, all-powerful gangsters and exploitative rural leaders’ (Hoek this issue) of the cinema form a darkly ironic contrast or inverse resonance with the heroic sacrificial spillages of blood that resulted in the independence of the country from Pakistan and the founding of a new nation. This, then, is a substance that contains its own historicity. As Barad (2003, 821) states in reference to matter more generally:

Matter is not a support, location, referent, or source of sustainability for discourse. Matter is not immutable or passive. It does not require the mark of an external force like culture or history to complete it. Matter is always already an ongoing historicity.

The historicity of blood here ensures that representations of its spillage in action cinema are not self-contained. Rather, they refer backwards to prior bloody political events. As Hoek (this issue) puts it, popular Bangladeshi action cinema ‘uses the very national tropes by which politics is made publically sensible in an excessive way to disrupt the tidy mapping of spilled blood onto political narratives. Instead, the cinema presents a horrific vision of the contemporary moment by showing blood spilled violently for pleasure or greed’. Critique, then,

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<sup>7</sup> For instance, see Copeman (2013: S164) on the mixing of Bajrang Dal activists’ blood for a blood portrait of Ram that also explicitly constituted a threat of further bloodshed: ‘If one can give blood (for the cause [of the painting]) he can shed it as well’.

emerges from analogies of spillage and the modulation this makes dramatically observable in its forms and reason. Blood spillage in Bangladeshi cinema thus comes to form a reflection upon and indictment of the current national malaise with contrastive analogies of substance-spillage critical to the achievement of the effect. If Copeman's essay in this issue explores the capacities of blood in image form (i.e. portraits in blood of political figures) to affectively persuade its viewer to action, Hoek's article recognises how imaged blood may provide affectively compelling political commentary. In each case the link between the material qualities of blood and strong emotional resonances (Carsten 2013: S2) is proven to be politically efficacious.

Critique fashioned via analogies of spillage and extraction has also featured in Simpson's (2004, 2009a) work on blood donation in Sri Lanka.<sup>8</sup> The backdrop to Simpson's work consisted of government-led attempts to advance from replacement/paid forms of blood donation towards a non-remunerated, voluntary mode. But also critical in the Sri Lankan setting explored by Simpson has been the country's civil war between the secessionist forces of the Liberation Tigers of Tamil Eelam (LTTE) and the national government dominated by the Sinhala Buddhist majority, a conflict which lent a particular acuteness to perceptions of blood's foundational status as the root of identity and nationhood. The official view, held by senior clinical staff, many of whom were educated abroad, he describes as 'cosmopolitan'. The concern for such professionals is with a 'decultured' substance, 'devoid of markers of ethnicity, gender and religion', that must be carefully regulated and controlled (2009a, 103). Outside of blood bank domains of expertise, however, the construction is revealed to be a fragile one, with donated blood frequently being figured as the same stuff spilled by patriots in defence of the nation. However, what I wish to pinpoint here is the role of what we might term extractive critique, for as Simpson notes suggestively, Sri Lankans imagine blood donation as a means of 'creat[ing] flows which will counter the bloodshed' (ibid., 102). The critical potency of substance appears to derive from its 'analogizing capacity' (Carsten 2004, 126): reflectively thrust into a milieu of formally similar yet teleologically divergent extractions, spillage of substance enacts political critique.

Proceeding from this are the essays in this special issue by Egorova and Copeman which examine deployments of substance in protest (akin to what Banerjee [this issue] aptly terms 'substance-activism'). One could certainly view the mobilisation of DNA, figured as a kind of informational substance, by the Bene Ephraim as a protest against the marginality from which it promises to deliver them (Egorova, this issue). In Copeman's paper, as in that by Hoek, the imaging of substance is crucial. His focus is on politically contestatory usages of substance via its spillage for petitions, paintings and medical donations. In particular, connections and separations between blood protests and the political fast are explored. Much separates the two techniques of political intervention, but both critically centre on substance. The protesting faster or blood extractor inflicts an image on others of a critical emptying of the body of its substances, but

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<sup>8</sup> Simpson's work has also encompassed eye banking, new reproductive technologies, and more recently clinical trials.

where in the case of blood extraction the image is inflicted through visible presentation of bodily substance, the image of the fast is one of its visible withdrawal. Yet the faster's withdrawal from substance may be far from straightforward. It may be thwarted as in notorious cases such as that of Irom Sharmila whose ongoing hunger strike to protest the violence of the Indian armed forces in Manipur has been met with detention in a secure hospital and force-feeding by the Indian state. While, in his essay in this special issue on Bhopali hunger strikers protesting the government's failure to provide support or redress to those affected by the methyl isocyanate leak at the Union Carbide plant in Bhopal, Banerjee shows how the medical demonstration of protester ketone levels formed an integral and daily part of the verification procedures that garnered the fast legitimacy (as opposed to others at Jantar Mantar<sup>9</sup> that were maligned – rightfully, often – for jumping into the common bathroom and devouring glucose biscuits). Here the deployment of a *substance produced through fasting* proves crucial to understanding of the substantial politics of the fast - especially in how the toxicity of the fasting body turned-against-itself<sup>10</sup> was used as an analogy for the wilful toxification of the victims of the disaster in the first place (Banerjee this issue). In other words, fasting *can* image substance. If Copeman's essay in this special issue suggests that the verifiability of blood donation as a protest style – a bleeding witnessed, a bag incontrovertibly filled - is what is capable of giving it purchase in respect of a fast that is all too amenable to deception, Banerjee's work indicates a fascinating response: a verifiable production of substance through fasting with the potential to lessen the enunciative force of protest blood donation because it erases the distinctive element through which visibilised extraction eked out its contrastive virtue.

Thus, protest in South Asia is frequently based around substance; more specifically it is based around the depletion<sup>11</sup> of food and flesh as distinguishable substances that are also, of course, transformable variants of one another. It becomes apparent that one could write a whole political history of South Asia through the lens of substance that would at the same time be nothing other than a South Asian *genealogy of substance*.<sup>12</sup> For instance, there is the critical role of substance in the 1857 Indian Uprising,<sup>13</sup> and much has been written on the significance of semen-retention as a crucial concern for Indian seekers of Independence from colonial rule (Skaria 2010). Two prominent nationalists, Swami Vivekananda and Mahatma Gandhi, although quite differently, were notable for their re-interpretation of the traditional concept of *brahmachari* as a way to achieve perfect self-control and true Indian masculinity. Classical Hindu texts define *brahmacharya* as the first stage of the four-fold ideal life cycle. *Brahmacharya* is considered to be the stage of initiated studentship, which marks the ritual initiation of second birth for high-caste twice-born boys.

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<sup>9</sup> The site of a 17<sup>th</sup>-century observatory, Jantar Mantar is a street sanctioned by state authorities as the space within which groups can make public displays of civil dissent (Banerjee, this issue).

<sup>10</sup> The production of ketone-bodies - compounds produced by the body when carbohydrate intake drops dangerously - helps keep the depleted faster alive but after roughly three weeks may themselves result in fatal complications (Banerjee, this issue).

<sup>11</sup> Whether based upon blockage of intake or intentional extractive measures.

<sup>12</sup> The phrase is Banerjee's (2013).

<sup>13</sup> The final spark that precipitated the conflict is widely believed to have been soldiers' concern that the cartridges provided by the British had been greased with fat from cows and pigs.

Combined with South Asian ideas of seminal discharge as a loss of vital energy, modern nationalists developed the concept of *brahmachari* as one opposed to Western masculinity (Alter 1994, 49). While Western masculinity was based on physical strength, its Eastern counterpart was viewed as an embodiment of spiritual strength deriving from self-control over bodily desires and especially retention of semen. Semen, then, was central to political struggle while also embodying the promise of a future hyper-masculine and self-contained nation.

Of course, such connotations make all the more intriguing the present-day matter of sperm donation in the subcontinent (Bharadwaj 2003). Bharadwaj (2012) notes connections between semen donation and commercial erotic work – both, after all, entail ejaculation for payment. Semen-distributive (Cohen 1995, 401) assisted reproductive technologies (ART) – what Bharadwaj calls a ‘techno-economy of sexual fluids’ – are thus thoroughly dependent on the ‘deployment of pornographic technique’ (Bharadwaj 2012). In light of the fluidic incontinence demanded by ARTs, then, the semen-retentive anti-pornography of Indian nationalism is brought into still sharper relief. To return to the form and substance of protest, perhaps the retentive fast was the protest form fit for an age where ‘modernity’ was seen to ‘deplete a man’s vigour’ (Cohen 1995, 400). If these are more distributive times – and the idea of a techno-economy of sexual fluids and a newer scholarly focus on non-Gandhian sexuality in an age presided over by the commodity form (Srivastava 2001) suggest that they may well be – then an extractive, more distributive, mode of protest would indeed be the more fitting present-day contestatory style.

### **Substance and civility**

In her essay in this special issue Reddy builds on Waldby and Mitchell’s (2006) concept of a biomedical commons<sup>14</sup> in proposing the idea of a ‘substance commons’ to which Houston-based Indians contribute their blood samples. This is ‘a space of common resources cautiously guarded against commercial encroachment: the legally regulated public domain of access, sharing, and innovation’ (Reddy this issue). Though not identical to the commons imagined by sample donors, the substance commons nevertheless ‘shares some part of the idealized donor commitment to serving “humanity” by expanding existing bodies of Knowledge’ (ibid.). Their samples freely given, these Indian donors imagine and desire that the knowledge generated from their samples will be freely available to all. Here, Reddy sees an intriguing parallel with Parry’s (1985) commentary on knowledge in the Brahmanical intellectual tradition as something to be passed on: ‘what the Brahman [as scholar and teacher, not as priest] takes in, he must at all costs disgorge again, for if he fails to keep in circulation what he has received he will be required to pay the direst penalties in this and future lives’ (ibid., 210).

Reddy’s essay extends our discussion of substance as a remedy-poison into considerations of civic sense. Noting that scholars of South Asia have posited a

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<sup>14</sup> A ‘subset of a wider intellectual or information commons’ as Reddy (this issue) describes it.

'boundary between inside and outside, home and world, purity and pollution, where the "outside...always carries 'substances' that threaten one's well-being'",<sup>15</sup> Reddy draws attention to the paradox that it is the very substances that 'threaten one's well-being' that 'paradoxically become the stuff of which a [modernist] civic discourse is made'. In diasporic contexts this is very much a matter of representation, or more specifically, of correcting the socio-medical problem of under-representation of specific communities (Tran et. al. 2012) – though far from being only the case for diasporic South Asians, it is especially so for this 'community' (Hayward & Madill 2003). The level of ethnic minority representation in donor registries (blood, organs, bone marrow etc.) in Euro-American countries is frequently employed by the media to gauge a given community's level of wider social integration, and this is exactly the kind of narrative that can easily segue into a moral commentary on deficits of civic-mindedness among certain groups (and such perceived deficits have, of course, long formed the subject of colonial and postcolonial commentaries). In addition to perceptions and accusations of imbalance - communities who 'do not contribute' but who are more than happy to take when required (this kind of claim belongs to what Corsín Jiménez [2007] calls a 'proportional ethics') - there is the pressing problem for medical services of the requirement for specific tissue types for treatment of conditions specific to, or more prevalent within, particular communities. The other side of the coin is that, as in Reddy's essay, minority communities visibly willing to donate tissues are well able to generate and display civic-mindedness in a more positive kind of moral accounting. Of course, such contexts in which participation is sought in the face of perceived 'superstitions' are particularly prone to the modes of cultural objectification and propositionalism discussed above in relation to De Looze's essay in this special issue. For instance, the National Health Service (NHS) in England and Wales actively seeks to assist the migration of Indic *dana* concepts to the country as a means of boosting organ donation among Indian-origin Britons. The concept is invoked as an 'authentic' cultural idiom to prove to a reluctant British minority community that it is in their 'culture' to donate (body parts) generously. The NHS has produced publicity material that informs South Asian immigrants: 'There are many references which support the concept of organ donation in Hindu scriptures. Daan is the original word in Sanskrit for donation meaning selfless giving. In the list of the ten Niyamas (virtuous acts) Daan comes third'.<sup>16</sup>

These reflections on tissue economies in the making of the civic prompt an engagement with Chatterjee's (1999) key work on the ambivalences of 'modernisation' in the subcontinent. Chatterjee argues that the growing reach and swell of electoral politics since the 1970s has resulted in a pitting of democracy against modernity. With the dramatic electoral mobilisation of an array of what had been previously politically invisible groupings – backward castes, tribal populations, religious minorities, even associations of cinema fans - 'the complaint is widespread in middle-class circles today that politics has been taken over by mobs and criminals' (ibid., 116). The result is that 'the noble pursuit of modernity appears to have been seriously compromised because of

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<sup>15</sup> She is citing Chakrabarty (1991, 20).

<sup>16</sup> <http://www.bbc.co.uk/london/insideldn/insideout/series5/wk3/donors/donors/shtml>



the compulsions of parliamentary democracy' (Chatterjee 1999, 116). Chatterjee identifies two principal responses to this situation on the part of the governing classes. The first he describes as the suspension of the interventionist modernisation agenda, which involves 'walling-in the protected zones of bourgeois civil society' in order that existing civil virtues may be shielded from 'the potential excesses of electoral democracy'. The second is more pragmatic: it accepts the limitations of the state's reach but does not abandon the project of social transformation, which it pursues determinedly but modestly – finding allies where it can, yielding to other authorities on occasion – through the contestations of what Chatterjee (1999, 118) calls 'normatively nebulous political society'.

This special issue provides a number of instances of the latter response elucidated by Chatterjee: for instance, the sustained attempts on the part of medical authorities and citizens' organisations to counter 'ethical resistance' to body donation (De Looze) and the discouraging of kin-based blood donation in Pakistan in favour of a 'non-discriminatory', modernist system (Mumtaz & Levay; and see also Copeman & Reddy [2012] on campaigns that tackle superstition and promote body donation together as each other's condition of possibility). The project of modernisation is clearly *not* suspended in such cases, with social reformist activists and promoters of various modes of tissue economy seeing advantage in treating both projects as one and the same thing. Backwardness, as Cohen (2007, 107) explains, 'enjoys a sort of national conversation' in South Asia, and the domain of biological exchange—the hindrances, indicative of backwardness, to which it is subject—is a particular locus of this conversation. Given the distillate of taboo and misapprehension that is said to characterize responses to donor recruitment efforts, the perception has become entrenched among progressive social reformers that to persuade a person to accede to such exhortations is to persuade them to accede to much more besides. Thus have body, organ, and blood donation come to be situated at the heart of Indian projects of social reform—defined as iconically reformist medical practices and pressed into service as instruments of pedagogy. As with the performance of dissection in 1830s India (Arnold 1993), pledging one's body or organs or both provides dazzling evidence to social reformers that unreason may be burst asunder. Tissue economies, then, form a particular locus of the pragmatic response to which Chatterjee refers as vessels for 'modernisation' that are also critically dependent on it.

However, the first response - suspension of the modernisation project - is also discernible in such contexts, which is to say that *both* responses find their reflection in different segments of the South Asian field of tissue economies. For instance, the professional longing that exists for artificial blood is informed not only by a possible solution to safety concerns but also by the extent to which the arduous effort of seeking to combat the unreason of reluctant populations is no longer considered either palatable or guaranteed to meet with success.<sup>17</sup> Just as the mobilisation of family planning operations in developing countries relies on an assumption that for the 'pre-modern' populace 'appeals to modern or

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<sup>17</sup> 'Professional longing' is borrowed from Sharp (2006, 211).

bourgeois asceticism will be inadequate' (Cohen 2004, 171), artificial blood will produce abundance partly as a measure of the extent to which South Asian 'culture' is no longer deemed improvable. (Indeed, it is a lamentable 'culture' rather than infrastructural or financial inadequacy that civil society usually holds responsible for scarcity in tissue supplies; cf. De Looze [this issue]) For some Indian medics, the promise of this technology is explicitly substitutive not only in terms of the human blood it will replace, but also in terms of deficits in reason: as one Indian medic puts it, 'Indians will never donate their blood [in sufficient quantities]. Our only hope is that sometime, maybe in the next 5-7 years, we will not need any blood donors'. That being the case, the therapeutic gains of modern medicine will, to use Chatterjee's phrase, be walled in and maintained. But the 'rationality effects' (Das 2004, 251) of artificial blood – abundant supply, a therapeutic magic of plenty – would be effects that signal a modernity without modernisation.

In this way the field of South Asian biological exchange bestrides both responses set out by Chatterjee: the pragmatic steering of a pedagogical mission through 'the thicket of contestations', and a counter-model of pedagogical suspension, with artificial blood technology providing an alternative route to modernity than via 'modernisation'. We thus encounter competing modes of promise – the promise of a reason to be inculcated via substantial flows versus a promise of bypassing the necessity for it; the difference-traversing promise that human-derived substance holds as 'the other side of the coin' of its exclusionary purity-based connotations versus the promise of an artificial, biomoral-cancelling magic of plenty. The latter point may be compared with the introduction of formula milk in the region. If breast milk transmits the suckling mother's love and other feelings to her child and for that reason is highly valued (van Hollen 2011, 507-8) it can easily be understood why biomoral-cancelling formula milk is generally considered a negative (if in some cases medically necessary) presence. Artificial blood would similarly disrupt the key plank of South Asian tissue economies that is propelled by a utopian somatics of community dedifferentiation.

## **Conclusion**

The double-ness of substance as it has been characterised in this introduction – its pharmakon nature – is reproduced on a larger scale in the striking ambivalences of depictions of India as a global biotech hub of both the abject and the promissory. Hodges (forthcoming) puts it thus:

India has emerged in the scholarship on globalisation, and health more generally, as a bit of a trickster figure. At once shiny but also sinister, India appears in one guise as the health care destination of choice for the budget-conscious patient. A few mouse clicks away, India is an 'organs bazaar,' a home to rent-a-womb surrogacy agencies and site for cost-effective, ethically suspect clinical trials. Nevertheless, in India the capital accumulation of health care surges ahead.

Underneath such big picture depictions lies an array of South Asian tissue economies - sacrificial economies of substance structured by existent hierarchies and complexities of social position – that block, spur, disrupt and are likewise affected by the larger structures they underpin. There are many futures on offer: frequently they are market-driven (as in promissory biocapital), though dedifferentiated community is also one such. At the worm's eye view, however, there are other kinds of promise. Recall the kidney operation, an 'available way for a marginal subject to imagine or to fear a different kind of future...through an operation that promises to turn one's organ into money' (Cohen 2011b, 136). We are thus reminded of the negative promise of South Asian tissue economies: the ways in which 'superstitions' are held to both block and structure them, their augmentation of the flow of dowries (Cohen 2001), rebooting of caste (Mumtaz et al 2012), and so on. Their rhetorical and actual futural promise draws on and reentrenches features of pasts unconsigned to history. These substances, and their mobilisation in tissue economies, indeed embody multiple temporalities (Carsten 2013, see also Egorova this issue, Hoek this issue, Mumtaz & Levay this issue, Bharadwaj 2009, Copeman 2013).

Though the focus of this special issue is *South Asian* tissue economies, its limited geographical spread (e.g. no essays on Sri Lanka or Nepal) is acknowledged. If India is over-represented, the diversity of tissue economies even within a given national region is at best dimly conveyed. The India-centric nature of many of the studies referred to in the introduction is also all too predictable. Unfortunately much of the relevant literature emerges from a scene of methodological nationalism (Gandhi & Hoek 2012), and this influences the analyses at hand. Yet as this introduction has gone some way towards showing, 'patterned intersections' (Mazzarella 2003, 251) do exist amongst disparate tissue economies in the region, and it is hoped that the essays here will resonate with and inform analyses of biological exchange throughout the subcontinent and elsewhere. Following Gandhi & Hoek (2012, 11), we treat South Asia theoretically and empirically as 'an integrated socio-cultural and historical space, rather than as made up of radically separated nation-states'; and rather than reduce tissue economies to examples of distinct national cultures, we look at the everyday sites and practices of South Asian tissue economies as a set of 'recurring phenomena', whose close investigation tells us about South Asian tissue economies, not about Pakistani, Bangladeshi, or Indian ones per se (ibid). The aim of the special issue is thus to demonstrate the fertile nature of South Asian analytical discussion of tissue economies and to offer a modest contribution to it, with the thematic diversity of the essays indicative of the broad scope of social issues these economies compel us to (re)examine. Moreover, we hope that this collection may suggest several avenues for diversifying the study of tissue economies in the region, which might be pursued further in the future. That, we hope, is the collective promise of the substances explored here.

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